East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

·		FCC Form
		Approved by OMB OMB 3060-1185
Mobility	Fund	Avg. Burden Estimate per Respondent: 18 Hours
	§54.1009 Annual Reporting	Avg. Burden Estimate per Respondent 20 mes
Data Col	lection Form	
	St. A. Aven Codo	268007
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com
<040	> Has the information required pursuant to §54.100	9 been provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents f	
	<042> Cite the Study Area Code (SAC) for the F	Form 481 reporting <042>
<080	Tribal Lands Reporting (y/n?) (Does this study orea of the study orea)	cover tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
	Churchy Area Coda		268007	
<010>	Study Area Name		East Kentucky Network, LLC	
<015> <020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	in data line <030>	cmccarty@ekn.com	
Poporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
		001786607		
<110>	FCC REGISTRATION NUMBER	ast Kentucky Networ	rk. LLC	
<111>	Filling Carrier Harris			
<112>		ast Kentucky Networ		
<113>	Street Address (or ro box)	01 Technology Trail	1	
<114>	City	vel		
<115>	StateK	Y		
<116>	Zip-Code 4	1642		
<117>	· ·	063391164 ext.		
<118>	— · · · · · · · — — — — — — — — — — — —	067912225		
<119>	Email Address	nhuffman@ekn.com		
<120> <121> <122>	Filing Carrier Name Street Address (or PO Box)	ichael Huffman ast Kentucky Netwo		
<123>	City			
<124>	State	(4		
<125>	- Lip 0000	11642		
<126>	Telephone Number	5063391164 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authoriz</u>	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company -			
<132>				
<133>				
<134>				
<135				
<136				
<137	> Fax Number			

(060) Coverage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185
	Page 3 of 8

	o. I Ave Cada	268007
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

Coverage and Performace attachments

<b2> <b3> <c1> <d> <c3> <b1> <c2> <a1> <a2> <a3> <141> Total Certify that Road Road Coverage and Miles per Miles Road Performance data Total Resident | Miles covered Census Resident is uploaded Block per Population per Resident Population (Yes/no) Census Newly Newly Reached Reached by Census Population per Block Block Reached Census Block Census Block by Service Service County State -- \$ee attached worksheet

	0		81
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

(U/U) Groa	n Rate Comparability Certification Compliance		Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
		268007	
<010>	Study Area Code	East Kentucky Network, LLC	
<015>	Study Area Name	2018	
<020>	Program Year	Cindy McCarty	
<030>	Contact Name - Person USAC should contact regarding this data		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formation reported on this formation reported on this formation and in any attachments is accurate.				
tucky Network, LLC				
RTIFIED ONLINE		Date 06/21/2018		
chael Huffman				
nancial Operations Director				
063391164 ext.				
68007	Filing Due Date for this form:	07/02/2018		
1	tucky Network, LLC RTIFIED ONLINE chael Huffman nancial Operations Director 063391164 ext.	tucky Network, LLC RTIFIED ONLINE chael Huffman nancial Operations Director 063391164 ext.		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	Compliance with 47 CER 854 1009(a)(4) on Behalf of Reporting Carrier
Certification of Officer or Employee to authorize an Agent to file I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the reporting carrier; my re authorized agent; and, to the best of my knowledge, the reports and data provided	compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting esponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	Duce.
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	Filing Due Date for this form:
the state wants on this form can be punished by fine or forfi	eiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ited States Code, 18 U.S.C. § 1001.

	The specific Appendix of Reporting Carrier
	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoridata provided by the reporting carrier; and, to the best of m	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on By knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	nt:
o. I a Cada of Bonorting Carrier:	Filing Due Date for this form.
Persons willfully making false statements on this form car	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

80) Tribal	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268007 East Kentucky Network, LLC	
<015>	Study Area Name			
<020>	Program Year	 	2018	
<030>	Contact Name - Person USAC should contact regarding t	this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6063391006 ext.	
<039>	Contact Telephore Transcription Contact Email Address - Email Address of person identif	ied in data line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	 Tribal Government Engagement Obligation 	Name of Attached Docu	ment (.pdf)	
	If your company serves Tribal lands, please select (Yes each of these boxes to confirm the status described of PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	on the attached	or	

government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project I	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
	on Labora Codo	268007
<010>	Study Area Name	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<030>	Talaskana Number - Number of person identified in da	ta line <030> 6063391006 exc.
<035>	Contact Telephone Number - Number of person identified in da	ata line <030> cmccarty@ekn.com
<039>	Contact Email Address - Email Address or post-	
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2013
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
<212> <213> <214> <215> <216>	Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status	PDF, on line
<218>	Network will Support 3G/4G Mobile Service ?	⊙ 3G

OMB Control No. 3060-1185 Page 7 of 8
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100 Sept. 100 Se		
	o. I Aus Code	268007
		East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	6063391006 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	California

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients									
l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.									
LLC			06/21/2018						
		Date	06/21/2018						
ations Director									
ext.									
Filing Due D	ate for this form:	07/02/2018 							
ip ri ri ri ri ri	pponsibilities include ensuring the accurrent and in any attachments is accurate. LLC Practice Practices Director ext. Filing Due Da	pponsibilities include ensuring the accuracy of the reporting rm and in any attachments is accurate. LLC Parations Director ext . Filing Due Date for this form:	ponsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund reform and in any attachments is accurate. LLC Date Date Prations Director ext. Filing Due Date for this form: 07/02/2018						

Page 7

	FCC Form 690. Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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645740.500	San	
		268007
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	
	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
	Contact Tolonbone Number - Number of person identified in data line <0.00	6063391006 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>_	Contact Email Address - Email Address of F	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer:	
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
	Filing Due Date for this form: an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE ACTIONIZED ACTION									
Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier									
as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.									
Name of Reporting Carrier:									
Name of Authorized Agent Firm:	Date:								
Signature of Authorized Agent or Employee of Agent:									
Name of Authorized Agent Employee:									
Title or position of Authorized Agent or Employee of Agent									
Telephone number of Authorized Agent or Employee of Ag	gent:								
	Filing Due Date for this form:								
Persons willfully making false statements on this form o	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

Attachments

				ra											

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268007
<015>		East Kentucky Network, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>		01/2017 - 12/2017

<a1> Certify that **Total Road** Coverage and **Road Miles** Miles Resident **Total Resident** Performacne per Census covered per **Road Miles** Population Population data is uploaded Resident Block Newly Census Block per Census Population per **Newly Reached** Reached by (yes/no) Reached Census Block by Service Service Block County Harlan Census Block State T21095971000 Yes 64.9 0 0.0 80.13 Κ¥

Percentage of
Total Population
Reached by
Service

0	
	İ

Percentage of Total Road Miles covered by Service

_	
81	
0.1	
1	
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FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form Mobility Fund Approved by OMB Phase 1 - §54.1009 Annual Reporting OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours Data Collection Form 268008 <010> Study Area Code East Kentucky Network, LLC <015> Study Area Name 2018 <020> Program Year <030> Contact Name: Person USAC should contact Cindy McCarty with questions about this data <035> Contact Telephone Number: 6063391006 ext. Number of the person identified in data line <030> <039> Contact Email: cmccarty@ekn.com Email of the person identified in data line <030> <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> Attach a description of the documents filed with the Form 481 reporting <041> <042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268008	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regardin	g this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person ident	tified in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person iden	tified in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netw	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netw	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Tra		
<114>	City	Ivel		
<115>	State	КУ		
<116>	Zip-Code	41642		
<117>	Telephone Number			
<118>	Fax Number	6063391164 ext.		
<119>	Email Address	6067912225		
		mhuffman@ekn.com		
<120> <121> <122>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box)	Michael Huffman East Kentucky Netwo	•	
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6063391164 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authorize</u>	d Agent Information if no agent, indicate in this box	1		
<120×	Name (First, MI, Last, Suffix)	4		
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

Page 3 of 8

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

060_Coverage and Performance Rep.zip

Coverage and Performace attachments

State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			(See attach	ed works	neet			

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

rozot Librar Bala Comparability Contification Compliance FCC Form 690	
(070) Urban Rate Comparability Certification Compliance FCC Form 690	
Approved by OMB	
OMB Control No. 3060-1185	
Page 4 of 8	

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or Employe	ee as to Compliance with 47	CFR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/21/2018	
Printed name of Authorized Officer:	Michael Huffman				
Title or position of Authorized Officer:	Financial Operations Director				
Telephone number of Authorized Officer:	6063391164 ext.				
Study Area Code of Reporting Carrier:	268008	Filing Due Date for this form:	07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the re authorized agent; and, to the best of my knowledge, the repo	is authorized to submit the information reported on behalf of the reporting eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

80) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268008	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this		Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	l in data line <030>	cmccarty@ekn.com	
<142> <143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	nent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010×	Study Area Code	268008
<010> <015>	Study Area Code Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
	CONTRACT LINEAR CO.	
<200>	Date Authorized to Receive Support	07/18/2013
		07/19/2016
<201>	Targeted Completion Date	
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
		Project Status Description - Line 211.pdf
<211>	Project Status Description (attached)	project Status bescription - line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	١
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	/
<216>	Project Budget Status	
<217>	Project Plan Status	√
74117	1 Tojece i tari otatao	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?) 3G () 4G
<519>	MELWOIK WIII Support Say to Mobile Schools.	

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Is not Continue to Departure Continue		FCC Form 690
(101) Certification - Reporting Carrier		rcc ronn 030
1/		
		어디어에게 있는 이 경인 경소 경소원이 고려가 되는 것이 되는 것이 되었다면 하는데 그리고 생각하는데 그리고 없는데 그리고 있다면 하는데 그리고 있다.
		Approved by OMB
		Approved by Cities
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		OMB Control No. 3060-1185
	보다 그 아이를 가고 하는 데 아이들에게 하는 항상에 하는 하는 아이들이 아니라 하는 것이 되었다. 그 아이들이 아이들이 아니는	V.110 VV.110 VV.110 JVVV
		0000 7 of 0
		Page 7 of 8

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: East Kentucky Network, LLC			
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2018		
Printed name of Authorized Officer: Michael Huffman			
Title or position of Authorized Officer: Financial Operations Director			
Telephone number of Authorized Officer: 6063391164 ext.			

Study Area Code of Reporting Carrier: 268008 Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690 Approved by COMB Control Page 8 of 8)MB No. 3060-1185
---	----------------------

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Fmail Address - Email Address of person identified in data line <030>	cmccarty@ekn com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my r agent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of t esponsibilities include ensuring the accuracy of the data reporting requirements provided to the a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

	Covera			

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

	or I Arra Cada	268008
	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line 1000	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
	Coverage and Performance Report Year	01/2017 - 12/2017

Certify that **Total Road** Coverage and Road Miles Miles **Total Resident** Resident Performacne per Census covered per **Road Miles** data is uploaded Population Population Resident **Block Newly** Census Block per Census Population per **Newly Reached** Reached by (yes/no) Reached Block Census Block by Service Service County Harlan Census Block State Yes T21095971300 146.72 0 0.0 188.1 кч

Percentage of		
Total Population		
Reached by		
Service		

[o		

Percentage of Total Road Miles covered by Service

78		
ĺ		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 n Estimate per Respondent: 18 Hours
<010>	Study Area Code	268009		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Fo	ed with the Form 481 reporting	<040> O <041> <042>	•
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268009	
<015>	Study Area Code Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding	this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identif		6063391006 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	·	
<114>	City	Ivel		
<115>	State	KY		
<116> <117>	Zip-Code	41642		
	Telephone Number	6063391164 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Michael Huffman East Kentucky Netwo 101 Technology Trai Ivel KY 41642 6063391164 ext. 6067912225 mhuffman@ekn.com		
		mid I mail do al . Com		
<130> <131> <132> <133> <134>	Street Address (or PO Box) City State Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			<u></u>
<138>	Email Address			

O60) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

	060_Coverage	and	Periormance	Rep.zip		
Courses and Barfarmana attachments						
Coverage and Performace attachments					 	_

State	County	Census Block		Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage ar Performand is uploaded (Yes/no)
			(see attach	ed works	heet			
	I.					ļ		<u> </u>	

	0	!	76
Percentage of Total Population Reached by		Percentage of Total Road Miles covered	
Service		by Service	

OMB Control No. 3060-1185 Page 4 of 8
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		268009
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	6063391006 ext.
<02E>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Ferall Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
CO33 2	Contact Email 1	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	ertification of Officer or Employe					
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.						
Name of Reporting Carrier: East	Kentucky Network, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018			
Printed name of Authorized Officer:	Michael Huffman					
Title or position of Authorized Officer:	Financial Operations Director					
Telephone number of Authorized Officer:	6063391164 ext.					
- L Coming	268009	Filing Due Date for this form:	07/02/2018			
Persons willfully making false stateme	nts on this form can be punished by fine or	forfeiture under the Communications e United States Code, 18 U.S.C. § 1001	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	La Compliance with 47 CFR 654 1009(a)(4) on Behalf of Reporting Carrier
Certification of Officer or Employee to authorize an Agent to f I certify that (Name of Agent)	le Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the do to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	Filing Due Date for this form:
the first control on this form can be punished by fine or for	rfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment United States Code, 18 U.S.C. § 1001.

Cartification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Certification of Agent Authorized	to the somples
the state of an authorized	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
, as agent for the reporting carrier, certify that I am authorized	rowledge, the information reported herein is accurate.
, as agent for the reporting carrier, certify that I am action less data provided by the reporting carrier; and, to the best of my ki	nowieuge, the imprinted reported was
lame of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	Date for this form:
Color of Deporting Carrier:	Filing Due Date for this form: punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Linited States Code, 18 U.S.C. § 1001.

(080) Tribal	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268009	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified	l in data line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>		Name of Attached Docu	iment (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	he attached	or	
<146>	 Needs assessment and deployment planning with a foci community anchor institutions; 		Select Yes, No, Not Applicable)	
<147		<u> </u>		
<148	to the second se			
0.	> Compliance with Rights of way processes			

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Facilities Siting rules

<150>

<151>

<152>

<153>

<154>

(0 90) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	> 6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The informatio shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	7 7 7 7 7
<218>	Network will Support 3G/4G Mobile Service ?	3 G

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(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
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<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier:	entucky Network, LLC					
signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018			
rinted name of Authorized Officer:	Michael Huffman					
itle or position of Authorized Officer:	Financial Operations Director					
elephone number of Authorized Officer:	6063391164 ext.					
Study Area Code of Reporting Carrier:	268009	Filing Due Date for this form: 07/02/2018				

Page 8 of 8

		268009
	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	
-025	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Feephone reasonable Contact Email Address of person identified in data line <030>	cmccarty@ekn.com
<0392	Contact Email / Contact	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
-				
Name of Authorized Agent:				
Name of Reporting Carrier:	Date:			
Signature of Authorized Officer:				
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form: ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.			

O BE COMPLETED BY THE AUTHORIZED AGEN	
Certification of Agent Aut	horized to File for Mobility Fund Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am at eported herein based on data provided by the reporti	uthorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data ing carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of A	gent
Telephone number of Authorized Agent or Employee o	of Agent:
- 1 Ca di Cardine	Filing Due Date for this form:
Dances willfully making false statements on this fo	orm can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

	FCC Form 690
060) Coverage and Performance Report	
·9-1 · · · · · · · · · · · · · · · · · · ·	Approved by OMB
	OMB Control No. 3060-1185

+010b	Study Area Code	268009
<010>		East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>	Contact Email Address - Email Address of person identified in dota into	01/2017 - 12/2017
<140>	Coverage and Performance Report Year	01/201/ - 12/201/

ate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Jackson	T21109960300	0	0	0	258.67	0.0	196.59	Yes
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Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

76		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

				FCC Form
Mobility	Fund			Approved by OMB
	954.1009 Annual Reporting		Aug Burdon	OMB 3060-1185 Estimate per Respondent: 18 Hours
	lection Form		Avg. Buruer	Estimate per nespondent 2
	Study Area Code	268010		
	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	- uses the old control	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents fil		<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080:	> Tribal Lands Reporting (y/n?) (Does this study area co	over tribal lands? Yes or No)	0	•
~000 .	11188			•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268010	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year	c data	2018	
<030>	Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified	in data line <030>	Cindy McCarty 6063391006 ext.	
<035> <039>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified	d in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number 0	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netw	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Tra	i1	
<114>	City	Ivel		
<115>		ку		
<116>	-	41642		
<117>		6063391164 ext.		
<118>				
<119>	Email Address	6067912225		
11137	1	mhuffman@ekn.com		
<u>Contact II</u> <120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Netw	ork, LLC	
<122>	Street Address (or PO Box)	101 Technology Tra	il	
<123>		Ivel		
<124>		KY		
<125>		41642		
<126>	-	6063391164 ext.		
<127>	-	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authoriz</u>	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>				
<134>				
<135>				
<136>				
<137>				
<138>	Email Address			

(060) Cove	erage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
		268010
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2018
<020>	Program Year	Cindy McCarty
<030>	Contact Name - Person USAC should contact regarding this data	6063391006 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<039>	Contact Email Address - Email Address of person recreated as a	
<140>	Coverage and Performance Report Year 01/2017 - 12/2017 060_Coverage	ge and Performance Rep.zip

Coverage and Performace attachments

See attached worksheet	<a1></a1>	<a2></a2>			Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance da is uploaded (Yes/no)
	State					 	<u> </u>			
	<u> </u>	 			11 1	and works	hoot	-	 	
					See attacr	lea works	Silect			
							+		+	
					 	 				
		-								
						<u>. l</u>				•
		Percei Populat	ntage of Total ion Reached b	y		Percentag Road Miles by Se	covered			

Service

(070) Urban Rate Comparability Certification Compliance Approved by OMB OMB Control No. 3060-118 Page 4 of 8	Appro OMB	Control No. 3060-1185
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<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)							
certify that I am an officer or employee of com and in any attachments is accurate.	f the reporting carrier; my responsib	ilities include ensuring compliance with 47 CFR §	54.1009(a)(4), the information reported on this				
Name of Reporting Carrier: East	Kentucky Network, LLC						
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018				
Printed name of Authorized Officer:	Michael Huffman						
Title or position of Authorized Officer:	Financial Operations Directo	or					
Telephone number of Authorized Officer:	6063391164 ext.						
Study Area Code of Reporting Carrier:	268010	Filing Due Date for this form: 07/02/2018					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the report	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authori	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268010	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	-
<030>	Contact Name - Person USAC should contact regarding t	his data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ed in data line	<030> cmccarty@ekn.com	
<142>	State	<u></u>		
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on tPDF, on line 145, demonstrates coordination with the Tgovernment pursuant to § 54.1004 includes:	the attached	ble) for	
<146>	Needs assessment and deployment planning with a foc	us on Tribal	Select (Yes, No, Not Applicable)	
1170/	community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements		,	
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	;	1	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
.040.	Charles Associated	
<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690
1-1-1	
	Approved by OMB
	OND CIN- 2000 (1987
	OMB Control No. 3060-1185
	Page 7 of 8
	rage / UI O

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities to my knowledge, the information reported on this form and in	ties include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the any attachments is accurate.
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2018
Printed name of Authorized Officer:	
Financial Operations 1	Director
Telephone number of Authorized Officer: 6063391164 ext.	
Study Area Code of Reporting Carrier: 268010	Filing Due Date for this form: 07/02/2018

06/20/2018 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
ITIUZI CERRICATION + ARENCI CARRIER	PCC FORH 020
	Approved by OMB
	OMB Control No. 3060-1185
	OND CONDUCTIO. 3000-1103
	na a figure
	Page 8 of 8

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on bel ny responsibilities include ensuring the accuracy of the data reporting requirements provided I data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent	:	
elephone number of Authorized Agent or Employee of Ag	ent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268010
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) Census Block Census Block Service Block Reached County Letcher State T21133950100 Yes 15.9 0 0 0 KY 17.47 0.0

> Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

91			

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com
1 11 11 11 11 11 11 11 11 11 11 11 11 1		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area coverage)	er tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	fer Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268011	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	- And Andrew Control of the Control
<030>	Contact Name - Person USAC should contact regarding th		,,, · · · ·
<035>	Contact Telephone Number - Number of person identified		
<039>	Contact Email Address - Email Address of person identifie	d in data line <030> cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>		0001786607	
<111>	Filing Carrier Name	East Kentucky Network, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC	
<113>	Street Address (or PO Box)	101 Technology Trail	
<114>	City	[vel	
<115>	State	ΚΥ	
<116>	Zip-Code 4	11642	
<117>	Talanhana Number	5063391164 ext.	
<118>	Fay Number	5067912225	
<119>	Email Address	nhuffman@ekn.com	
Contact Ir	iformation if same as above, indicate in this box		
<120>	Name /First MI Last Cuffiv		
<121>		ichael Huffman	
<122>	Street Address (or DO Pov)	ast Kentucky Network, LLC	
<123>	-	01 Technology Trail	
	<u>-</u>	vel	
<124>	-	У	
<125>		1642	
<126>	Telephone Number	063391164 ext.	
<127>	Fax Number	067912225	
<128>	Email Address	huffman@ekn.com	
Authorize	d Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		
-200-			

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

060_Coverag	e and	Performance	Rep.zip
1			

Coverage and Performace attachments

		Resident	Resident Population	Total Resident Population	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance is uploaded (Yes/no)
State	County	Population per Census Block	Newly Reached by Service	Service	Block	Reached	Block	(Yes/No)
		:	See attach	ed works	heet			

0	0		76
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Tomos to the contract of the c		
(070) Urban Rate Comparability Certif	acation Compliance	FCC Form 690
		Approved by OMB
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A contract of the contract of		OMB Control No. 3060-1185
		ONID CONTROL NO. 3000-1103
		0
 Local Science and Control of Co		Page 4 of 8

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or Emp	ployee as to Compliance with 47 CFR	§54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018		
Printed name of Authorized Officer:	Michael Huffman				
Title or position of Authorized Officer:	Financial Operations Dire	ctor			
Telephone number of Authorized Officer:	6063391164 ext.	AND THE RESERVE			
Study Area Code of Reporting Carrier:	268011	Filing Due Date for this form: 07	/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Co	mpliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided to t	he authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing	Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under Title 18 of the United S	e under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment states Code, 18 U.S.C. § 1001.

Lac agent for the reporting carrier cortify that Lam authoris	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein	haced on
data provided by the reporting carrier; certify that I am authorize	. •	Dased On
uata provided by the reporting carrier, and, to the best of in	iowieuge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Agent		
felephone number of Authorized Agent or Employee of Agen		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

80) Triba	i Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268011	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Cindy McCarty	
<035>	Contact Telephone Number - Number of person identifie		6063391006 ext.	
:039>	Contact Email Address - Email Address of person identified	ed in data line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, N each of these boxes to confirm the status described on the PDF, on line 145. demonstrates coordination with the Tr	he attached		

government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal	Select (Yes, No, Not Applicable)
	community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
.010		
<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
		Desired Change Description 1/2 221 add
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Additional of the Control of the Co
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
	Traject rum acasas	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

6063391164 ext.

268011

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: East Kentucky Network, LLC Signature of Authorized Officer: CERTIFIED ONLINE Date 06/21/2018 Title or position of Authorized Officer: Financial Operations Director

Filing Due Date for this form:

07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690	
Approved by C	MB
OMB Control N	la. 3060-1185
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Page 8 of 8	

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@kn com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the asponsibilities include ensuring the accuracy of the data reporting requirements provided to the au	
agent; and, to the best of my knowledge, the reports and o		(IIO)12CO
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	prized to File for Mobility Fund Recipients on Behalf of I	Reporting Carrier
	norized to submit the reports for Mobility Fund recipients on bel carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268011
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Letcher	T21133950100	0					40.6	Yes
KY			U	0	0	53.42	0.0	40.0	
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

76		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.